



PATENT
YR1-34

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

| | | |
|---|---|--------------------------|
| In re Application of: DAVID S. PUENTE ET AL | : | Date: January 17, 2006 |
| Serial No.: 09/924,036 | : | |
| Filed: August 7, 2001 | : | Group Art Unit: 2611 |
| For: STREAMING MEDIA PUBLISHING SYSTEM | : | |
| AND METHOD | : | Examiner: Harun M. Yimam |

RESPONSE

Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Sir:

This is in response to the Final Rejection dated November 16, 2005. The rejections as they pertain to the patentability of the claims are hereby respectfully traversed.



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**CERTIFICATE OF MAILING
UNDER 37 CFR 1.8**

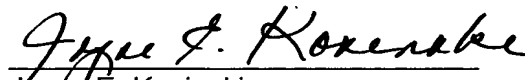
Mail Stop AF
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Sir:

Identification of Transmitted Papers

Response comprising 17 pages, Transmittal Letter in duplicate, return receipt postcard

I hereby certify that the above-identified correspondence is being deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to Mail Stop AF, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on **January 17, 2006**.


Joyce E. Kosinski
Depositor

Karambelas & Associates
655 Deep Valley Drive, Suite 303
Rolling Hills Estates, CA 90274
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Facsimile: (310) 265-9545



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Mail Stop AF
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Sir:

Transmitted herewith is an amendment in the above-identified application.


- ☒ No additional fee is required.
☐ The fee has been calculated as shown below:
☐ A petition for an extension of time under 37 CFR 1.136(a) (PTO/SB/22) is enclosed.
☐ sheets of replacement drawings enclosed.
☐ An Information Disclosure Statement is enclosed.
☐ Credit Card Payment Form PTO-2038 is enclosed.

CLAIMS AS AMENDED

| CLAIMS REMAINING AFTER AMENDMENT | HIGHEST NO. PREVIOUSLY PAID FOR | PRESENT EXTRA | RATE | ADDITIONAL TOTAL |
|--|---------------------------------------|------------------|--------------|---------------------|
| Total Claims <u>5</u> minus <u>20</u> | = | <u>0</u> | X \$ 50.00 = | \$ 0.00 |
| Independent Claims <u>2</u> minus <u>3</u> | = | <u>0</u> | X \$200.00 = | \$ 0.00 |
| Multiple Dependent Claims | | <u>0</u> | X \$360.00 = | \$ <u>0.00</u> |
| TOTAL ADDITIONAL FEES FOR THIS AMENDMENT | | | | \$ 0.00 |
| SUBMISSION OF IDS FEE | | | | \$ 0.00 |

This form is submitted in duplicate.

Respectfully submitted,


Anthony W. Karambelas
Reg. No. 25,657

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